



Cook County JTDC Advisory Board Meeting Meeting Minutes

June 5, 2019 12:00pm-1:30pm

69 West Washington, 22nd Floor, Conference Room C

Participants: Esther Franco Payne, Sandra Wortham, Dr. Dakeda Horton, Marjorie B. Moss, Meade Palidofsky, Savannah Felix, Ali Abid, Dr. Brian Conant, Amanda Halawa

I. Welcome and Overview II. Review Minutes III. Conversation with Dr. Conant

a. Background

- i. Prior to 2017, mental health services at the JTDC were provided by the Isaac Ray Center. In 2017, Northwestern was rewarded a temporary contract to provide mental health services at the JTDC. In 2018, the contract was awarded to Cook County Health.

b. Staff

- i. 11 Mental Health Specialists (LSW/LCSW or LPC/LCPC), 5 Psychologists (Psy.D), 1 Chief Psychologist (Psy.D), 2 Psychiatric Social Workers (LCSW), 1 Medical Social Worker (LCSW), 1 Tele-Psychiatrist (MD), 1 Psychiatrist (MD), 1 Consult Psychiatrist (MD), and 1 Chief Psychiatrist (MD)

c. Assessment

- i. Upon arrival, receive assessment of suicidality
- ii. Nursing Screening, which includes questions about suicidality
- iii. Within 4 hours, MAYSI-2 Assessment
- iv. If high score on MAYSI-2, immediate MH Assessment; if not, MH Assessment within 72 hours
 - a. Strengths/Interests
 - b. Medical History
 - c. Mental Health History
 - d. Substance Abuse (*if substance abuse needs, referral to Gateway*)
 - e. Relationships
 - f. Prenatal History
 - g. Eating/Sleeping Habits
 - h. Sexuality (*if LGBTQI, referral to LGBTQI Committee*)
 - i. Abuse/Neglect History
 - j. PREA (supplement to detention screening-*if risk of victim or perpetrator, referred to PREA Committee*)
 - k. Education (*if educational needs, referral to Nancy B. Jefferson*)
 - l. Pathways to Desistance Questionnaire



m. GRAFT

n. Suicide/Self-Harm Assessment (will be replaced with Columbia Suicide Assessment soon)

o. Life Events Assessment (will be replaced by CAT-MH soon)

p. Mental Status Exam/Adjustment to Detention

v. If placed on the roster, status of treatment plan reviewed at weekly treatment team meeting

a. 35-50% of youth that receive assessments are added to the roster

b. Stabilization Unit used if higher mental health needs

vi. Milieu Observation throughout stay

vii. If stay up to a year, receive an Annual Psychiatric Assessment

viii. Considerations: over/under-diagnosis of youth, assessment throughout stay/assessment fatigue, testing for lead and fetal alcohol syndrome, monitor youth that get no visits from family, improved communication between systems

d. Court

i. Judges may petition for information if a youth has significant/known MH issues

e. Parental Involvement

i. There is no collateral call to the parent at intake; however, youth do receive collateral calls to parents and other providers if they are on the roster

ii. If needed, family sessions are held

f. Re-Entry/Transition to Other Facility

i. If on the roster, youth will work with the medical social worker and their primary clinician on re-entry planning/transition to another facility

ii. If on the roster and transitioning to another facility, the mental health team will provide a summary to the facility; the youth will transition with discharge paperwork after an assessment by nursing

iii. 4 Care Coordinators, 2-3 Community Health Workers, and 1 Supervisor will be hired to manage coordination of care of youth on the roster leaving detention

g. MH Strategic Plan

i. Standardized/streamlined assessment

ii. Enhancement of evidence-based interventions

iii. Expansion of continuity of care

iv. Trauma-informed organized practices

v. Outcome metrics

IV. Conversation with Amanda Halawa

a. Background

i. Completing a system review by RFK on how to restructure processes with youth and families



- ii. AOIC adopted Illinois Juvenile Risk Assessment
- iii. Probation Officers have an average caseload size of 21
- b. Services
 - i. Specific services are determined by a youth's court order
 - ii. All probation officers provide linkage to community-based resources
 - iii. Clinical Services (in-house and via community partners): MST, Intensive In-Home Family Program, National Youth Advocate Program, Individual and Family (In-house, MHJJ, SGA, etc.)
 - iv. Substance Abuse Services: TASC and community providers
- c. Assessments (Probation Post-Trial)
 - i. Social Investigation with risk assessment: in-home interview with youth and parent, records request and review, and collateral interviews (if needed)
 - ii. If in court order, Clinical Intake Assessment: in-depth interview with youth and parent, records request and review from hospitals/community providers, and CAT-MH
- d. Clinical Staff
 - i. 3 Art Therapists (group and individual treatment), 4 CBT Therapists, Sex Offender Treatment, Gender/LGBTQ Programming (focus on human trafficking-need screening tool)
 - ii. To be a Clinical Probation Officer, one must have an advanced degree
- e. Training
 - i. All staff receive MH First Aid training and Think Trauma (in progress)
 - ii. River Edge and Hartgrove provide advanced trainings for interested probation officers
- f. Court
 - i. Given that treatment is court ordered, probation officers (clinical and non) provide the court with an update on attendance/participation in the service
- g. Information-Sharing
 - i. There is currently an info-sharing agreement between Juvenile Probation and the JTDC. The agreement allows MH staff in both spaces to communicate about youth receiving clinical services.
 - ii. MH staff from the JTDC provide an updated roster of MH youth 2x per week to the Juvenile Probation Team. JTDC MH staff have access to JEMs.
- V. Detailing Next Steps on Action Plan and Planning for Next Meeting**
 - a. Ali will invite D.E.D Steward to the next JTDC Advisory Board Meeting.
 - b. Ali will reach out to the President's Office to get a copy of the report referenced in OCJ's response letter, then reach out to Steve Brandt from OCJ to follow-up about the group's request.
 - c. Savannah will follow-up with work groups to schedule follow-up meetings.



- d. Savannah will send out the notes for the meeting.
- e. The “during” team will coordinate with the “re-entry” team to connect with impacted youth.
- f. Please share notes/resources with Savannah and Ali as you complete interviews or collect information.

VI. New Business

- a. None

VII. Public Comments

- a. None

VIII. Adjourn

- a. The next JTDC Advisory Board meeting will be held on August 7, 2019 from 12:00pm-1:30pm.